

HIV Prevention and Care Services Quarterly Contractor Meeting (QCM)

Wednesday, March 4, 2020

Sheraton Richmond Airport, 5501 Eubank Road, Sandston

Richmond, VA 23231

9:30 a.m.

Agenda Minutes

Welcome/Introductions/Announcements -

- Welcome, housekeeping, sign-in, survey – microphone sent around for introductions
- Marquietta Alston:
 - CLEAR training 7-9 April
 - Sign up ASAP
 - Need minimum number to be able to hold training
 - Contract monitors will send out flier
 - PROMISE training
 - Another CDC training
 - Orgs, send in interest. Need to meet minimum number of attendees to bring it to VA
- Adyam Redae:
 - Community Health Workers quarterly coming
- Darnell Barrington:
 - Ryland Roan Fellowship applications will be open soon for year 2

Integrated Plan Update – Ashley Yocum and Kristen Donovan, HIV Care and Prevention Planners

- Presentation on HIV Prevention and Care Integrated Plan for 2018
- NovaSalud, FAHASS, and Mary Washington interested in Rapid Start
- Tabletop activity
 - Goal 1
 - Educate and engage Primary Care Physicians (PCP) on HIV and testing;
 - Education in public school systems (youth)
 - Provide Technical Assistance (TA) to other agencies on how to reach Latinx populations
 - Provide more condoms, access to care and testing to popular and frequent accessed (e.g., bowling, quick bed hotels)
 - After hour accessibility to prevention
 - Goal 2
 - How to make sure new Medicaid clients stay engaged in care when rolling off of Ryan White (RW) Program
 - Increase FPL level for those who have not achieved Viral Load Suppression(VLS)

- Streamline RW eligibility process more quickly and access Rapid Antiretroviral Therapy (ART)
 - Focus on youth ages 18-24
- Goal 3
 - Set specific regional goals
 - Help clients through Service Navigation
- Goal 4
 - Funds for the gap prevention and care when clients are lost to care and address services not able to be accessed due to eligibility
 - Doctor to Doctor consultation for education on PrEP by having a traveling consultant
 - Increase syringe availability
 - Data tweak to account for VLS with one care marker
 - Consortium of Care in Northern Virginia starting to collaborate
- Questions
 - Data collection: 2018 used multiple data systems can we use one system to use for prevention and care
 - Answered by K. Scott – new system in procurement process that encompasses entry for prevention and care

People First Language – Elaine Martin, Director HIV and Hepatitis Prevention

- Language is a work in progress and we always have to be vigilant on how we can do better
- Be cautious about what a group of people wants to be called
 - Can vary from place to place in the country
 - Terminology changes year to year
 - You may make a mistake when addressing groups and individuals. Apologize and do better next time
- Activity: How can we do better
 - Perspectives:
 - Much of our terminology is archaic and stigmatizing they were established when there was fear around HIV

Intro to Hotline's new Resource and Referral System – Chris Barnett, Public Relations Coordinator

- Resource Connections is being developed to replace IRIS.
- Contract Monitors will be reaching out to agencies to ensure information is updated and correct
- Final revision will be sent out for preview to verify information
- Agencies will receive automated email for updates directly and will be able to update information themselves

Updates on Joint QCM

- Will include working lunch

12:00 noon Lunch

- Provided Work assignment: Generate 3 – 4 topics on future agendas

Afternoon Sessions HIV Care Services

1:15 PM

- Rapid Start topic will be discussed with ADAP Advisory Committee on March 30. Goal is to have one agency in each region by Dec. 31, 2021. Evaluation team formed with VDH HIV Prevention and Care staff.
- Application for VA MAP being updated to identify Rapid Start clients that will have expedited enrollment in addition to current other priorities.
- HRSA Meeting Recommendations
 - Eliminate 6 month requirement – Interim action: updated 6 month recert/attestation policy no signature required and can be taken over the phone effective April 1, 2020.
 - Eligibility changes at 6 months support documents be brought at the annual recertification - no interim action
 - Standardized Eligibility – Interim action: Eligibility Passport. Talking with other RW Cross Parts Program Officers/Managers to look at one eligibility approval process.

Medicaid Updates – Kimberly Scott, Director, HIV Care Services

- Thanked agencies who put Medicaid eligibility in work plan
- Setup secure portal for data exchange for Medicaid. VDH will do an inventory of agencies that do not have it setup and reach out.
- Client Transition to Medicaid – June 30th is goal to have all clients transitioned. Total number of Virginia Medication Assistance Program (VA MAP) clients as of March 2, 2020: 6,662. 2,900 clients are Medicaid eligible; 3,800 will remain in the VA MAP program after June 30th. Benalytics is assisting with enrolling clients into Medicaid – Agencies were asked to inform clients to work with Benalytics.
- Medicaid & GY20 Funding Awards – adjustments made according to our internal data that showed clients who are Medicaid eligible. Increased Medical Case Management (MCM) and Non-medical Case Management (NMCM) services to get clients enrolled in Medicaid.

VA MAP Updates – Kimberly Eley, Healthcare Reimbursement Specialist/Acting Assistant Director for Medication Access

- **VA MAP Policies & Procedures**
 - VDH is conducting a review and revision process on all existing policies and procedures.
 - New policies and procedures are also being crafted to address the new environment of Medicaid expansion and the VA MAP goal of moving clients to

their correct access point for medications (i.e., Medicaid, Medicare, ACA, employer coverage)

- Policies & procedures will be placed on the website (internet & intranet) as they are created.
- Communications will be sent to the current list of community partners (i.e., those that have provided an email address) when items are posted to the website.
- New Income Eligibility Guidelines
- Income requirements by Federal Poverty Level (FPL) – handout provided
- Updated in January 2020 and placed on website. No longer will be updated in April.

- **Client Enrollment in Medicaid**

- Project to assist Medicaid eligible clients with Medicaid enrollment will begin mid-to-late March 2020
- Goal: have clients transitioned to Medicaid by 6/30/2020
- Estimated number of clients that need to apply for Medicaid: 2855 (based on income & household data in the VA MAP database)
- All sites that have not set up secured portal access with VA MAP need to complete that process. VA MAP will share enrollment information electronically through this mechanism. Please attempt to have set-up completed by 3/31/2020 – send email to Mike Sarkissian at VDH (michael.sarkissian@vdh.virginia.gov) and copy Tina Gorman (cristina.gorman@vdh.virginia.gov).
- VDH is receiving a DMAS HIV-extract file. This file is used to determine clients newly enrolled into or disenrolled from Medicaid. VA MAP would like to share this information with the provider sites using the secured portals (monthly basis). To begin the data sharing, VA MAP would like provider sites to provide a report of their current clients. Report should minimally contain: Client first & last name, DOB and/or SSN.
- Questions:
 - What data points do you need to match with Medicaid lists? DOB, NAME, SSN, INCOME, PENDING APP, ENROLLED
 - If client does not complete the process within 60 days, what is the solution for medication access? Looking into special cases, but client is not eligible for Ryan White Part B/VA MAP. Encourage case workers to use PAP (pharmacy assistance program).
- Immigrants on work visas? Send a letter on agency letterhead on why clients are not eligible for Medicaid.

- **Disenrollments and Program Transitions**

- VA MAP is completing batch disenrollments and program transitions in March.
- There are currently 1241 clients with no 2020 ACA plans, but had 2019 ACA plans.
 - 596 will be transitioned to Direct MAP. Batch lists will be created for the pharmacies, provider sites and pick-up sites based on the information in the VA MAP database.
 - 645 will be disenrolled - either due to identified as having Medicaid or no medication pick-ups since 2018
 - Goal date for completion: 3/31/2020

- **Updated client eligibility related to medication pick-up**
 - CD4 and VL counts are not required for eligibility determination. These data are needed for other purposes including our reporting to HRSA for the annual ADAP Data Report.
 - Do not send multiple forms for proof of residency, especially any that conflict.
 - Supporting documentation should be legible/readable copy.

Dental Treatment – Mary Browder, Lead HIV Services Coordinator & Safere Diawara, Clinical Quality Management Coordinator

- See presentation, handouts, and related documents for details.
- Questions
 - How can we send dental radiographs/x-rays through the portal? Digital copies are the best option.

HIV Care Services Updates – Mary Browder, Lead HIV Services Coordinator

- Review of EFA allowable costs
- Transitioning into GY20
- Reminders on GY19 closeout – Final invoices, monthly report and annual report due by April 30.
- Invoice by correct service category.
- COVID-19: For info please go to VDH website; agencies asked to have COOP in place to remedy interruption of service due to virus. Updates will be posted on the website. Medication shortage is not set to be an issue and any updates will be placed on the HCS webpage.

Afternoon Sessions

HIV & Hepatitis Prevention Services

1:15 p.m. Probable Harm Reduction Changes for 2020 – Current Legislation – Bruce Taylor, Drug User Health Coordinator

- *Probable* because new legislation hasn't yet been signed by the governor
- Changes in new law:
 - Removal of sunset on original CHR law
 - Participants of syringe exchanges cannot be charged with possession for having used needles so long as other paraphernalia and drugs are not in view
 - For example, not sitting on front seat of car if you're pulled over
 - Will have a participant card to present to law enforcement
- Brainstorming ideas of where to apply for funding outside of VDH
 - Fundraiser
 - Foundations
 - Pharmacies
- Good Samaritan law still under debate in House

- People who call for help for overdoses cannot be charged if they have also been using and paraphernalia is in vicinity
 - Allows callers to stay with person who overdosed until help arrives without being fearful of being present when police arrive
- VDH can establish Harm Reduction training depending on interest from partners
- See attached slides

- 1:45 p.m. *Update Hepatitis Testing and Treatment –*
 - *Rachel Stallings, Viral Hepatitis Epidemiologist*

- Hepatitis A outbreak
 - Nationwide, began in 2017
 - VA borders some of the hardest hit states
- HCV
 - Cohort of HCV+ individuals under 35 is growing
 - As of 2018 messaging, advertising, funding, testing efforts focused on baby boomers
 - But more HCV+ cases popping up in younger individuals
 - The case numbers were growing even without a change in the testing recommendations
- As of 3.1.2020, USPSTF changed testing recommendations to 1 time test for ages 18 – 79
- Reminder to spread the word on HCV Provider Training
 - Reach out to Hep team at VDH to get connected
- Room poll: What is the hardest part of HCV testing?
 - Answers:
 - Referral to treatment
 - Connecting to RNA testing if your organization does rapid testing
 - Working with incarceration facilities
 - Being able to test inside jail
 - Testing in jails that do not offer RNA testing or treatment
- See attached slides

- 2:30 p.m. *Spotlight on Serenity – Bridging Our Communities –*
 - *Katrina Parker and Charlotte Zimmerman, Serenity*

- Bridging our Communities
 - Initiative to bring all orgs in area offering services
 - Allows area orgs to coordinate their efforts to holistically serve clients
 - Outcomes:
 - A Community Free Day
 - HIV testing
 - PrEP information
 - Food pantry
 - Clothes

- Central Virginia Health Systems brought blood pressure and glucose testing
- Real stories of client benefit:
 - Two HIV+ clients needed to move immediately. Were seeking HIV services through Serenity but Serenity doesn't offer emergency housing funds or moving assistance
 - Serenity connected client to another community org that can offer those services. Both clients successfully rehomed
- See attached slides